

2024 Application and Letter of Intent for a License to Conduct a Temporary:

(check only one)

Instructions:

1. Complete **all** applicable sections that apply to your set-up.
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application to:

- Food Service Operation
 Retail Food Establishment

"CCCHD"
CLARK COUNTY COMBINED HEALTH DISTRICT
Food Program
529 E. Home Road
Springfield, OH 45503

5. Questions can be directed to (937) 390-5600, ext 252, Monday – Friday, 8:00 a.m. – 5:00 p.m.

Before license application can be processed, the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Name of Temporary Food Facility (Company/Group/Organization, Etc.)			
Name/Location of Event			
Address of Event			
City/State/Zip		E-mail Address	
Start Date	End Date	Operation Time(s)	
Name of License Holder		Contact Person/Contact Cell Phone No. (**REQUIRED**)	
Address of License Holder			
City		State	Zip
MENU - List of all Foods being Served/Sold:			

I hereby certify that I am the license holder, or the authorized representative, of the temporary food service operation or temporary retail food establishment indicated above:

Signature: _____ Date _____

Valid date(s)-Maximum of 5 Days	License Fee: <input type="checkbox"/> Commercial \$50.00 per day x _____ days = \$ _____ <input type="checkbox"/> Non-Commercial \$25.00 per day x _____ days = \$ _____ Proof of "Non-Commercial" classification must be provided to our office i.e. IRS Determination Letter, in order to pay the Non-Commercial fee.
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Health Department to complete. Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit No.	License No.

PLEASE COMPLETE THE INFORMATION ON THE BACK PAGE OF THIS APPLICATION

